

**Health Safety Net (HSN) Special Circumstances
Web Application**

User Guide

December 3, 2012

Revision History

August 28, 2008	Initial release
January 2012	Updates and Signature Page
November 5, 2012	Added process for submission of bad debt applications.
November 30, 2012	Updated column header names and birth date format for bad debt applications.

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1. Overview

This is a user guide for filing a ***Special Circumstances Application or Bad Debt Application*** using the Health Safety Net's INET Web application. Questions involving the submission of a special circumstances application or bad debt application should be directed to HSN's Help Desk at (800) 609-7232 or hsnhelpdesk@state.ma.us.

1.1 Introduction

The HSN has deployed a web application for collecting ***Special Circumstances Applications*** electronically. Beginning on November 1st, 2012, electronic collection of ***Bad Debt Applications*** will also occur. Providers must connect to the HSN's "INET" web site at: <https://dhcfpinet.hcf.state.ma.us/> to submit these applications.

A new menu item under the Special Circumstances Filing Applications menu item has been added for accessing bad debt applications. Please note that additional references in this guide to the phrase "***Special Circumstances Web Application***" will be abbreviated as "SPECIR".

1.2 INET User Registration

Users who will enter data and submit SPECIR or bad debt applications must be registered for the INET application. Users may submit a request to the HSN for registration. After a registration request for adding new INET user is processed, the registered user will receive the login credentials via email.

To add or delete new INET users contact the HSN Help Desk at (800) 609-7232 or hsnhelpdesk@state.ma.us.

2. Step by Step Process to File

The following describes all the necessary steps to complete and submit the SPECIR electronically.

2.1 Log In to INET

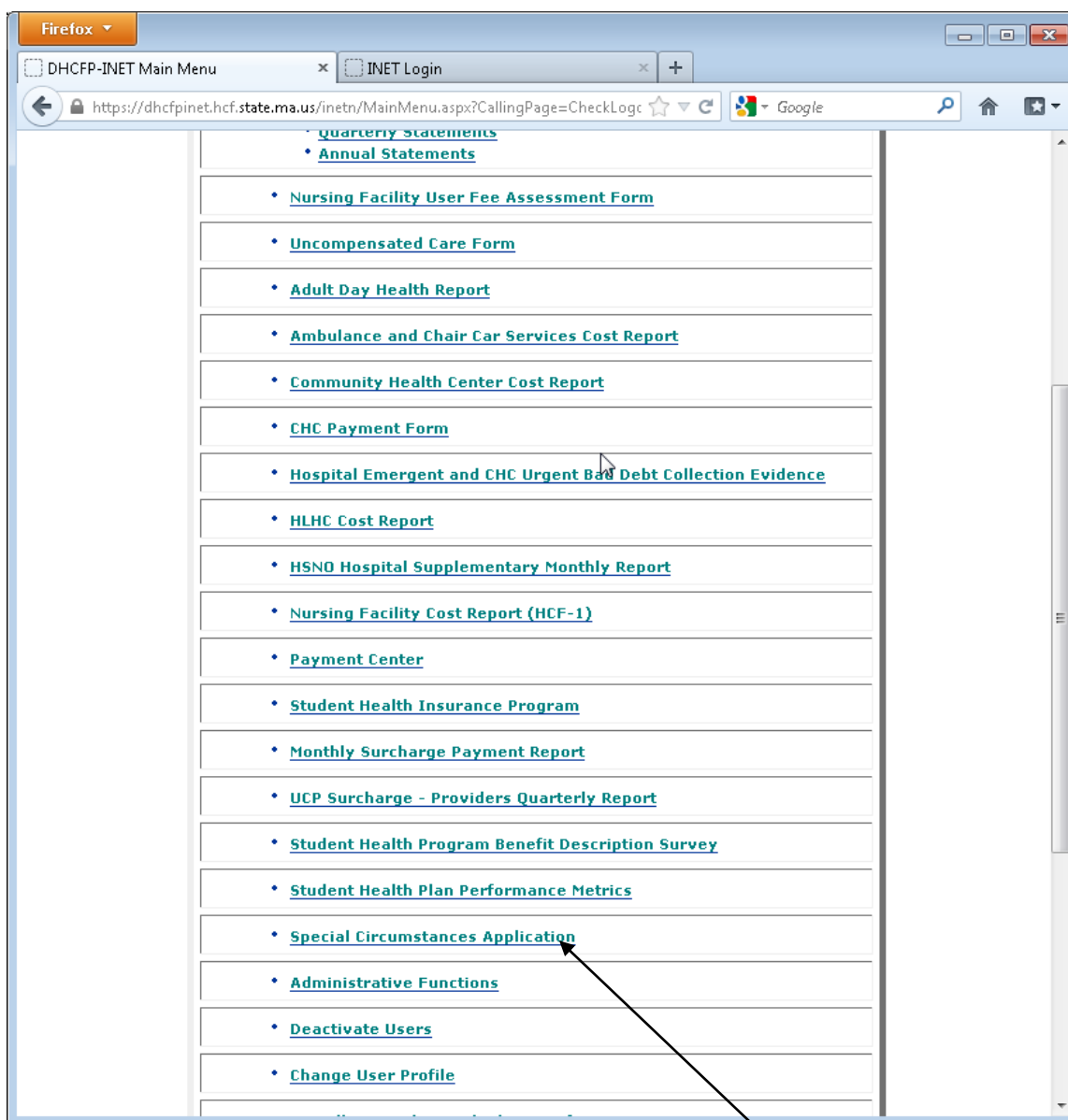
Log in to INET at <https://dhcfpinet.hcf.state.ma.us/> and use the login credentials provided by the HSN.

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The screenshot shows a web browser window with the URL <https://dhcfpinet.hcf.state.ma.us/r/>. The page title is "INET Login". The header identifies the organization as the "Center for Health Information and Analysis (formerly Division of Health Care Finance & Policy)". The main heading is "INET Login for Registered Users". Below this, a notice states: "This is a subscription site and requires registration, with the Center for Health Information and Analysis, prior to using this site." Another notice mentions: "Routine Maintenance Is Scheduled Between 5:00AM to 8:00AM Daily. This Site May be Unavailable And/Or Delays May Occur During These Hours." The login form contains three input fields: "Enter your User ID", "Enter your Password", and a CAPTCHA field with the code "72CH99C" and the prompt "Enter the code shown:". A "CONTINUE" button is located below the CAPTCHA field. At the bottom of the form, there are two links: "If you are not a registered user of this site, you can find out how to register with the Center for Health Information and Analysis by clicking here" and "To go to the Center for Health Information and Analysis' public web site, click here". A footer note provides contact information for the Help Desk: "If you have problems logging on, Please call the Center for Health Information and Analysis' Help Desk at 1-800-609-7232." The footer also includes copyright information: "Copyright © 2002 - 2008 Center for Health Information and Analysis Commonwealth of Massachusetts" and a link to the "Privacy Policy".

⚠ Caution: Inactivity for 20 minutes will cause the internet session to time-out, and you will lose any unsaved data!

2.2 INET Main Menu



After a successful login, the INET main menu will be displayed. Click the “**Special Circumstances Application**” menu choice to proceed.

2.3 Special Circumstances Home Page

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External Users will see two menu items in the left pane: “**Filing Application**” and “**Logout**”.

“**Filing Application**” is described in 2.4. “**Admin Tasks**” is for use by the Health Safety Net only.

The “**Logout**” link exits SPECIR and INET and returns the user to the [INET Login](#).

2.4 Filing A New Application

To create a new application, click the “**Filing Application/New Application**” menu in the left pane.



Select/Enter appropriate information in the “**Create Special Circumstances Application**” screen and click “**Create Application**” button.

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Version: 1.0.386.3693

Applications can be submitted for Medical Hardship, Confidential Minors and Battered/Abused.

The SSN/TIN field is required. If a person has no SSN or TIN, please fill in 999-99-9999 or 000-00-0000

2.4.1 Medical Hardship

The following describes all the necessary steps to complete and successfully submit a Medical Hardship Application electronically:

- Step 1. Enter the "[Applicant General Information](#)".
- Step 2. Enter the "[Family Members Information](#)".
- Step 3. Enter the "[Income Information](#)".
- Step 4. Enter the "[Medical Expenses Information](#)".
- Step 5. Enter the "[Additional Information](#)".
- Step 6. Make sure steps 1 through 5 are completed successfully. Enter the "[Eligibility Verification](#)" information.

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- Step 7. Before proceeding to step 1, make sure all the data entered from Step 1 through Step 6 are correct. Enter the [“Facility Calculation”](#).
- Step 8. This is the last step for completing a “Medical Hardship” application. If the applicant appears eligible for Medical Hardship, **“Submit Application”** submenu will appear in the **“Facility Use Only”** main menu. Enter the [“Submit Application”](#) information.
- Step 9. Print the completed application in PDF format.
- Step 10. Applicant or person completing the application on behalf of applicant must sign and date the application. In addition, the user must add the name of the submitter to the provider acknowledgement and send it along with the supporting documentation to the Health Safety Net.

2.4.2 Confidential Minors and Battered/Abused

The following describes all the necessary steps to complete and successfully submit a Confidential Minors or Battered/Abused Application electronically:

- Step 1. Enter the [“Applicant General Information”](#).
- Step 2. Enter the [“Family Members Information”](#). Not applicable for Confidential Minors.
- Step 3. Enter the [“Income Information”](#).
- Step 4. Enter the [“Additional Information”](#).
- Step 5. Enter the [“Eligibility Verification”](#).
- Step 6. Before proceeding make sure all the data entered from Step 1 through Step 5 are correct. Enter the [“Facility Calculation”](#).
- Step 7. Enter the [“Submit Application”](#).

2.5 Applicant General Information

Once a new application is created, the **“Applicant General Information”** page appears as a default data entry screen as shown below.

Save Home Error Check PDF Cancel

Anna Jaques Hospital
Application Date : 09/03/2008
Application Number : 39667
Application Type : Medical Hardship

1. Applicant Information

Please enter the applicant(Head of Household)'s information below.


*Last Name: Middle Name: *First Name:
SSN ☐ TIN ☐ 123456789 *DOB: (MM/dd/yyyy) *Sex:
*Home Phone: Work Phone: Ext:
*Street Address:
*City: *State: *Zip:
Race:
Ethnicity:
Spoken Language: Written Language:
*Has Insurance

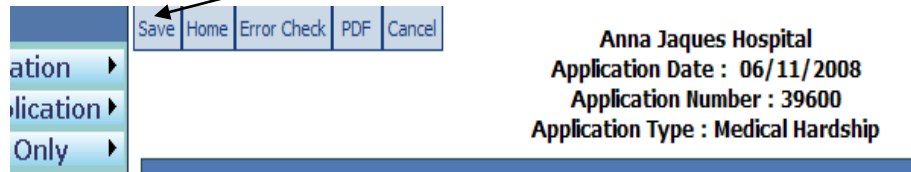
2. Applicant's Mailing Address

3. Applying for Someone Else

4. Contact Person's Mailing Address

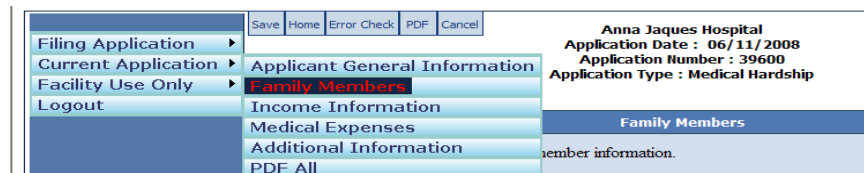
The user can also get to the “**Applicant General Information**” page via the “**Current Application**” left pane menu.

- The user must enter data in all required fields (*) in the first tab “**1. Applicant Information**”.
- If applicable, enter data in tabs “**2. Applicant’s Mailing Address**”, “**3. Applying for Someone Else**” and “**4. Contact Person’s Mailing Address**”.
- Save by clicking on the blue “**Save**” button  on the “**Applicant General Information**” screen.



2.6 Family Members

Select the “**Family Members**” submenu from the “**Current Application**” menu as shown below.



- To add a family member, click the “**Add Family Member**” link on the “**Family Members**” screen as shown in the example below.



- Enter all the required (*) family member’s information and all applicable optional information in the “**Family Member Detail**” screen as shown in the example below and click “**OK**” button to save the data.




- To edit or delete a family member's information click the corresponding **"Edit"** or **"Delete"** button in **"Family Members"** screen as shown below.

Family Members

Use this section to provide your family member information.
Do not include yourself.

[Add Family Member](#)

Last Name	First Name	Relationship	DOB	Edit	Delete
Jones	penelope	Spouse	07/07/1971	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Jones	peter	Child	05/31/1992	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

- Save by clicking on the blue **"Save"** button  on the **"Family Members"** screen.

2.7 Income Information

Select the **"Income Information"** submenu from the **"Current Application"** menu as shown below.

Current Application

- Filing Application
- Current Application
 - Applicant General Information
 - Family Members
 - Income Information**
 - Medical Expenses
 - Additional Information
 - PDF All
- Facility Use Only
- Logout

The user needs to enter all applicable income information – Earned Income and Unearned Income.

Earned Income

- To add an earned income, click the **"Add Earned Income"** link on the **"Income"** screen as shown in the example below.

2.Earned Income

use this section to provide your earned income information.

[Add Earned Income](#)

Employer Name	Employer Address	Amount Earned	Edit	Delete
---------------	------------------	---------------	------	--------

- Enter all the required (*) earned income information and all applicable optional information in the **"Earned Income Detail"** screen as shown in the example below and click **"OK"** button to save the data.

Earned Income Detail

*Family Member Name: Total Employees:

*Employer Name: *Earned Amount:

*Employer Address:

*Payment Frequency: *Income Type:

*Documentation:

OK Cancel

- To edit or delete a Earned Income information click the corresponding **“Edit”** or **“Delete”** button in **“Earned Income”** screen as shown below.

2. Earned Income

use this section to provide your earned income information.

[Add Earned Income](#)

Employer Name	Employer Address	Amount Earned	Edit	Delete
cvs	test	3,000	Edit	Delete

- Save by clicking on the blue **“Save”** button  on the **“Income”** screen.

Unearned Income

- To add other income, click the **“Add Unearned Income”** link on the **“Income”** screen as shown in the example below.

2. Unearned Income

use this section to provide your unearned income information.

[Add Unearned Income](#)

Income Amount	Payment Frequency	Income Type	Edit	Delete

3. No Income

- Enter all the required (*) unearned income information in the **“Unearned Income Detail”** screen as shown in the example below and click **“OK”** button to save the data.

Unearned Income Detail

*Family Member Name: *Income Type:

*Unearned Income Name: *Unearned Amount:

*Payment Frequency: *Documentation:

OK Cancel

- To edit or delete a Unearned Income information click the corresponding **“Edit”** or **“Delete”** button in **“Unearned Income”** screen as shown below.

2.Unearned Income				
use this section to provide your unearned income information.				
Add Unearned Income				
Income Amount	Payment Frequency	Income Type	Edit	Delete
3,456	Bi-Weekly	Railroad Retirement	Edit	Delete

- Save by clicking on the blue “**Save**” button  on the “**Income**” screen.

2.8 Medical Expenses

This section is applicable for Medical Hardship application.

Select the “**Medical Expenses**” submenu from the “*Current Application*” menu as shown below.

Filing Application	▶
Current Application	▶ Applicant General Information
Facility Use Only	▶ Family Members
Admin Tasks	▶ Income Information
Logout	Medical Expenses
	Additional Information
	PDF All

The user needs to enter all applicable medical expense information.

To add a medical expense, click the “**Add Medical Expense**” link on the “*Medical Expenses*” screen as shown in the example below.


Medical Expenses					
use this section to provide your family's medical expenses information.					
Add Medical Expense					
Provider Name	Patient Name	Service Date	Charges	Edit	Delete
Harvard	Smith,Rose	05/11/2008	444,440	Edit	Delete

- Enter all the required (*) medical expense information in the “**Medical Expense Detail**” screen as shown in the example below and click “OK” button to save the data.

Medical Expense Detail	
*Healthcare Provider Name	Other Non-HSN Provider
*Enter Non-HSN Provider Name:	
*Patient Name	Applicant
*Type of Service	inpatient
*Charges	5,000
*Date of Service	06/06/2008 (MM/dd/yyyy)
OK Cancel	

- To edit or delete a Medical Expense information click the corresponding “**Edit**” or “**Delete**” button in “*Medical Expenses*” screen as shown below.


Medical Expenses					
use this section to provide your family's medical expenses information.					
				Add Medical Expense	
Provider Name	Patient Name	Service Date	Charges	Edit	Delete
Harvard	Smith,Rose	05/11/2008	444,440	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

- Save by clicking on the blue “**Save**” button  on the “**Medical Expenses**” screen.

2.9 Additional Information

Select the “**Additional Information**” submenu from the “*Current Application*” menu as shown below.

Current Application ▸	Applicant General Information
Facility Use Only ▸	Family Members
Admin Tasks ▸	Income Information
Logout	Medical Expenses
	Additional Information
	PDF All

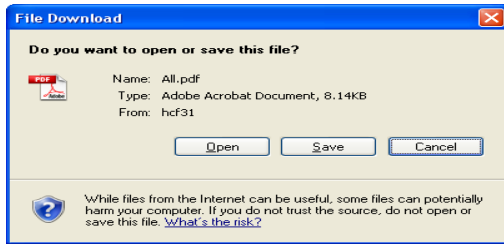
- Enter any additional information in the provided text area in the “**Additional Information**” screen. The comments here that relate to this application.
- Save by clicking on the blue “**Save**” button  on the “**Additional Information**” screen.

2.10 PDF All

Select the “**PDF All**” submenu from the “*Current Application*” menu as shown below.

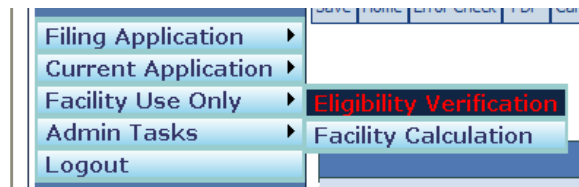
	<input type="button" value="Save"/> <input type="button" value="Home"/> <input type="button" value="Error Check"/> <input type="button" value="PDF"/> <input type="button" value="Cancel"/>
Filing Application ▸	
Current Application ▸	Applicant General Information
Facility Use Only ▸	Family Members
Admin Tasks ▸	Income Information
Logout	Medical Expenses
	Additional Information
	PDF All


Selecting the “**PDF All**” link generates a PDF file of the filed special circumstances application. The user will have the option to either “**Save**” or “**Open**” the PDF.



2.11 Eligibility Verification

Select the “**Eligibility Verification**” submenu from the “**Facility Use Only**” menu as shown below.



- The user must enter data in all required fields (*) in the second tab “**2. Residency Documentation**”.
- Save by clicking on the blue “**Save**” button  on the “**Eligibility Verification** screen” screen.

2.12 Facility Calculation

Select the “**Facility Calculation**” submenu from the “**Facility Use Only**” menu as shown below.



Medical Hardship

Medical Hardship eligibility will be determined by the HSN and not within this application. This application will be used to enter Medical Hardship applications.

The following section is an example of a “**Medical Hardship**” determination within the Facility Calculation Tab of the Facility Use Only subsystem. This section contains the following tabs:

General Information: Displays demographic information of the applicant.

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1. General Information					
Last Name:	jones	Middle Name:		First Name:	paul
SSN/TIN:	444444444	DOB:	09221970	Sex:	M
Home Phone:	1111111111	Work Phone:		Ext:	
2.Applicant Eligibility Summary					
3.Eligibility Message Area					

Applicant Eligibility Summary: Family Size, Family Income, % of Federal Poverty Level (FPL). The provider **MUST** click the “**Calculate**” button to determine eligibility. Any time the provider makes changes to the schedules, the provider must click the “**Calculate**” button to update information.

1. General Information	
2.Applicant Eligibility Summary	
Family Size:	6
Family Income:	30000
% of FPL:	105.62
<input type="button" value="Calculate"/>	
3.Eligibility Message Area	

Eligibility Message Area: This area displays appropriate messages once the “Calculate” button in the “*Applicant Eligibility Summary*” has been clicked.

1. General Information	
2.Applicant Eligibility Summary	
3.Eligibility Message Area	
FAMILY IS NOT ELIGIBLE FOR MEDICAL HARDSHIP.	

Save by clicking on the blue “**Save**” button  on the “**Facility Calculation**” screen.

Confidential Minors, Battered/Abused

The following section is an example of a “**Confidential Minors, Battered/Abused**” determination within the Facility Calculation Tab of the Facility Use Only subsystem. This section contains the following tabs:

General Information: Displays demographic information of the applicant.

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1. General Information			
Last Name:	sd	Middle Name:	
First Name:	sdf	SSN/TIN:	000000000
DOB:	09/08/1998	Sex:	F
Home Phone:		Work Phone:	
Ext:			

2.Applicant Eligibility Summary
3.Eligibility Message Area
4.Eligibility Period

Applicant Eligibility Summary: Family Size, Family Income, % of Federal Poverty Level (FPL), HSN Partial Deductible. The provider **MUST** click the “**Calculate**” button to determine eligibility.

1. General Information												
<table><thead><tr><th colspan="2">2.Applicant Eligibility Summary</th></tr></thead><tbody><tr><td>Family Size:</td><td>1</td></tr><tr><td>Family Income:</td><td>26130</td></tr><tr><td>% of FPL:</td><td>251.15</td></tr><tr><td>HSN Partial Deductible:</td><td>2,128.80</td></tr><tr><td colspan="2"><input type="button" value="Calculate"/></td></tr></tbody></table>	2.Applicant Eligibility Summary		Family Size:	1	Family Income:	26130	% of FPL:	251.15	HSN Partial Deductible:	2,128.80	<input type="button" value="Calculate"/>	
2.Applicant Eligibility Summary												
Family Size:	1											
Family Income:	26130											
% of FPL:	251.15											
HSN Partial Deductible:	2,128.80											
<input type="button" value="Calculate"/>												
3.Eligibility Message Area												
4.Eligibility Period												

Eligibility Message Area: This area displays appropriate messages once the “**Calculate**” button in the “*Applicant Eligibility Summary*” has been clicked.

1. General Information										
<table><thead><tr><th colspan="2">2.Applicant Eligibility Summary</th></tr></thead><tbody><tr><td colspan="2"><table><thead><tr><th colspan="2">3.Eligibility Message Area</th></tr></thead><tbody><tr><td>The applicant is eligible for HSN Partial</td><td><input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied</td></tr></tbody></table></td></tr><tr><td colspan="2">4.Eligibility Period</td></tr></tbody></table>	2.Applicant Eligibility Summary		<table><thead><tr><th colspan="2">3.Eligibility Message Area</th></tr></thead><tbody><tr><td>The applicant is eligible for HSN Partial</td><td><input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied</td></tr></tbody></table>		3.Eligibility Message Area		The applicant is eligible for HSN Partial	<input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied	4.Eligibility Period	
2.Applicant Eligibility Summary										
<table><thead><tr><th colspan="2">3.Eligibility Message Area</th></tr></thead><tbody><tr><td>The applicant is eligible for HSN Partial</td><td><input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied</td></tr></tbody></table>		3.Eligibility Message Area		The applicant is eligible for HSN Partial	<input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied					
3.Eligibility Message Area										
The applicant is eligible for HSN Partial	<input type="radio"/> Approved applicant <input checked="" type="radio"/> Approved Partial applicant <input type="radio"/> Denied									
4.Eligibility Period										

Eligibility Period: Submit Date, Determination Date, Eligibility Begin Date and Eligibility End Date are pre-populated.

Save by clicking on the blue “**Save**” button  on the “**Facility Calculation**” screen.

2.13 Submit Application

This is the last step for completing a **SPECIR** application.

NOTE: For Medical Hardship application the “**Submit Application**” submenu will appear in the “**Facility Use Only**” main menu **ONLY** if the applicant appears eligible for Medical Hardship.

If the submit application tab does not appear, the registered user should revisit each page of the application and click the “**Save**” button. The “**Submit**” button will appear.

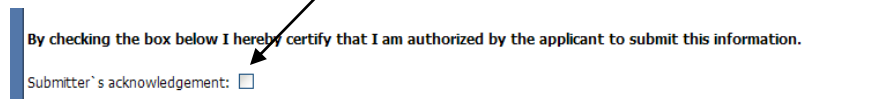
The following describes all the necessary steps to complete and successfully submit a **SPECIR** Application electronically:

- Verify that all the sections in the “**Current Application**” menu are completed and saved.
- Verify that all the sections in the “**Facility Use Only**” menu are completed, eligibility is calculated and information is saved.

Select the “**Submit Application**” submenu from the “**Facility Use Only**” menu as shown below.



- Acknowledge the accuracy of the application by checking the Submitter’s acknowledgement checkbox.



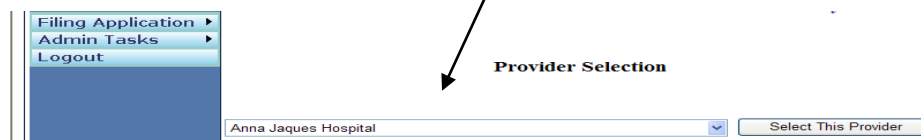
- Submit by clicking on the blue “**Submit**” button  on the top left side of the “**Acknowledgement**” screen.

3. Existing Application

The following describes all the necessary steps to edit/update an already created and saved application. The provider that has been submitted cannot be edited unless a reopen request is granted. See Section 4 for details.

- Log in to the INET web application if not already logged in. (See Section 2.1, 2.2, 2.3)
- Select “Existing Applications” submenu from the “Filing Application” main menu

- Select the provider from the list provided.



- Click the “Application ID” from the displayed application list.

Application Type	Application ID	Applicant ID	Status	Creation Date	Last Update Date	Application Date	Initial Submission Date	Last Submission Date
Medical Hardship	39632	123121234	Submitted	7/29/2008 1:18:56 PM	7/29/2008 1:18:56 PM	7/29/2008	7/29/2008 1:31:29 PM	7/29/2008 1:31:29 PM
Medical Hardship	39600	123121236	Saved	6/11/2008 10:33:11 AM	9/5/2008 10:57:46 AM	6/11/2008		
Medical Hardship	39602	021654123	Submitted	6/11/2008 10:38:09 AM	6/11/2008 10:38:09 AM	6/11/2008	6/16/2008 5:10:13 PM	6/16/2008 5:10:13 PM
Medical Hardship	39669	575676767	Saved	9/4/2008 1:51:07 PM	9/4/2008 1:58:49 PM	9/4/2008		
Medical Hardship	39664	222222222	Saved	8/27/2008 10:51:28 AM	9/2/2008 12:34:04 PM	8/27/2008		
Battered/Abused	39666	222222222	Submitted	8/29/2008 10:18:06 AM	8/29/2008 10:33:52 AM	8/29/2008	8/29/2008 10:30:20 AM	8/29/2008 10:30:20 AM
Confidential Minors	39617	000000000	Submitted	6/23/2008 3:56:53 PM	6/23/2008 3:56:53 PM	6/23/2008	6/23/2008 4:02:05 PM	6/23/2008 4:02:05 PM
Confidential Minors	39620	000000000	Saved	6/27/2008 3:07:54 PM	9/5/2008 11:07:11 AM	6/27/2008		
Incarcerated	39629	000000000	Saved	7/14/2008 2:37:44 PM	9/3/2008 10:47:28 AM	7/14/2008		
Confidential Minors	39644	000000000	Saved	8/22/2008 3:14:39 PM	8/22/2008 3:14:39 PM	8/20/2008		
Confidential Minors	39643	000000000	Submitted	8/22/2008 2:58:58 PM	8/22/2008 2:58:58 PM	8/22/2008	8/22/2008 3:09:26 PM	8/22/2008 3:09:26 PM
				7/14/2008 2:46:50 PM	9/4/2008 12:24:46 PM			

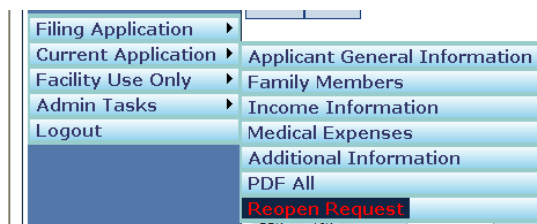
- Follow steps in section **Error! Reference source not found., Error! Reference source not found., Error! Reference source not found., Error! Reference source not found., Error! Reference source not found.** as needed to edit applicant information

4. Step by Step Process to Request a Reopen

After a web application has been completed and submitted a user may recognize that adjustments or corrections are needed. Using the web application, users must create a “reopen request.” Reopen requests will be reviewed and either approved or rejected by internal HSN staff.


The following describes the steps to submit a reopen request.

1. Log in to the INET web application if not already logged in. (See Section 2.1, 2.2, 2.3)
2. Follow steps in section **Error! Reference source not found.** to open an existing submitted application.
3. Click the “**Reopen Request**” submenu in the “**Current Application**” menu.



4. Explain the reason for requesting a reopen.



5. Save by clicking on the blue “**Save**” button  on the “**Reopen Request**” screen.

If the reopen request is approved, the application will be available for editing.

5. Bad Debt Applications

This section describes how to:

- Access the bad debt web application.
- Submit bad debt applications.
- Batch upload multiple applications.
- Export existing applications to a CSV file.
- View existing applications.

5.1 How to Access the Bad Debt Application

You must be registered with the INET system in order to enter Bad Debt applications. If you are not registered with INET please go to INET User Registration and follow the steps in that section to register. Once registered, follow these steps to log in to INET and navigate to the Bad Debt application.



- 1 Log into INET as described in 2.1 Log in to INET.
- 2 Click on Special Circumstances Application menu item. See 2.2 INET Main Menu.
- 3 INET System displays the Special Circumstances Welcome page.
- 4 Click on Filing Application in the left menu.

- 5 Click on Create\View Bad Debt Applications.
- 6 The INET system displays the Bad Debt Welcome web form.
- 7 Once you are on the Bad Debt Welcome web form you can:
 - i) Submit a new application.
 - ii) View existing applications.
 - iii) Batch upload applications.
 - iv) Export applications to a CSV file.
 - v) Return to the INET Main menu.

5.2 How to Manually Submit an Application

This section describes how to manually enter bad debt applications.

Bad debt applications should be submitted only in those instances where a patient does not have an existing member id. Providers must ensure that all patient information is submitted for a referred eligibility record to be created.

5.2.1

Providers should have all of the following pieces of information available prior to entering a bad debt application.

- First name
- Last name
- Middle Initial
- Street Address
- City
- State
- Zip Code
- Social Security Number
- Birth Date
- Race
- Gender

Once required patient information is available, providers can enter the application following these steps:

- 1 Log into INET and navigate to the Bad Debt application as described in How to Access the Bad Debt Application.
- 2 Click on New Application menu item.
- 3 The Bad Debt system displays the initial page of the application.

- 4 Select the provider you want to use for this application.
- 5 The Bad Debt system automatically fills in the current date for the application date.
- 6 Click on Submit.
- 7 The Bad Debt system displays page 2 of the application.
- 8 Enter the patient information into the form. Enter birth date in the format mm/dd/yyyy. Enter SSN in the format 000-00-000 or 000000000. Enter a 5-digit zip code.
- 9 Click on Submit button.
- 10 The Bad Debt system validates the patient information. If errors are present, the system displays error messages below each field with an error. Correct these errors and then click on the Submit button again.
- 11 When the patient information is valid the Bad Debt system saves the patient information in the Bad Debt database and displays a confirmation page indicating the information was successfully saved.
- 12 Providers needing to enter more applications should click on New Application and repeat the process.

5.2.2 No Patient Information

There may be cases where a provider does not have any patient information to submit a Bad Debt application. These cases should be rare and occur only after a provider has performed due diligence and exhausted all available means of trying to collect patient information. For these cases only, providers should perform the following steps.

- 1 Log into INET and navigate to the Bad Debt application as described in How to Access the Bad Debt Application.
- 2 Click on New Application.
- 3 The Bad Debt system displays page 1 of the application.
- 4 The Bad Debt system automatically fills in the application date with the current date.
- 5 Select the provider you want to use for this application.
- 6 The Bad Debt system displays page 2 of the application.
- 7 Check the checkbox at the top of the web form.
- 8 The Bad debt system fills in the first name, last name, street address, city, state, and zip code with the name and address of the provider you selected on page 1 of the application.
- 9 The Bad Debt system fills in 000000000 for the SSN.
- 10 Enter the estimated birth date of the patient.
- 11 Select the gender of the patient.
- 12 Select the race of the patient.

- 13 Click Submit.
- 14 The Bad Debt system validates the information you entered. If any patient information is invalid, the Bad Debt system displays error messages below the fields with errors.
- 15 When all patient information is valid, the Bad Debt system saves the patient information in the Bad Debt database and displays a confirmation page indicating the information was successfully saved.
- 16 **HSN BAD DEBT CLAIMS FOR THE CASES ABOVE (WHERE PATIENT INFORMATION IS NOT AVAILABLE) SHOULD NEVER BE SUBMITTED UNLESS A PROVIDER HAS SUBMITTED A BAD DEBT APPLICATION AS NOTED ABOVE.**

5.3 *How to Batch Upload Applications*

This section describes how to batch upload multiple applications.

- 1 Prepare a CSV file containing the Bad Debt applications to be uploaded based on the table below.
- 2 Log into INET and navigate to the Bad Debt application as described in How to Access the Bad Debt Application.
- 3 Click on Batch File Upload menu item.
- 4 Select the provider you want to submit these applications for.
- 5 Click on the Browse button and browse to the Bad Debt CSV file on your system that you created in step 1.
- 6 Click on Upload button.
- 7 The Bad Debt system reads and validates the CSV file. When errors are detected the Bad Debt system displays those errors at the bottom of the page. Correct the problems and attempt to upload the CSV file again.
- 8 When no errors are detected the Bad Debt system saves the Bad Debt applications in the database and displays a message indicating the number of applications successfully read from the CSV file and saved into the database.

5.4 *How to Export Applications*

This section describes how to export the applications submitted to HSN to a CSV file.

- 1 Log into INET and navigate to the Bad Debt application as described in How to Access the Bad Debt Application.
- 2 Click on Export Applications menu item.
- 3 Click on Export button.
- 4 The Bad Debt system retrieves all applications you submitted to HSN, generates a CSV file, and sends the CSV file to your browser.

- 5 Your browser should display a dialog box at the bottom of your browser with the question: “Do you want to open or save BadDebtApplications.csv from <Computer-Name>?” where <Computer-Name> is the name of your computer.
- 6 If you want to save the CSV file to your download folder click on Save.
- 7 If you want to save the CSV file to a folder other than your download folder click on the down arrow in the Save button and select Save As.
- 8 Internet Explorer displays a Save As file dialog box.
- 9 Select the folder you want to save the CSV file to.
- 10 Change the file name if you desire to rename it.
- 11 Click on the “save” button to complete the download and save the CSV file to your computer.

5.5 How to View Applications

This section describes how to view applications submitted to HSN. Applications can only be submitted at this time. Existing applications cannot be edited.

- 1 Log into INET and navigate to the Bad Debt application as described in How to Access the Bad Debt Application.
- 2 Click on Existing Applications.
- 3 The Bad Debt system displays all applications you entered into the system.
- 4 You can search for applications by Application ID, First Name, Last Name, or SSN.
- 5 You can page through the applications by clicking on the Previous or Next clicks at the top or bottom of the applications data grid.
- 6 Click on View button on the row of the application you want to view. The Bad Debt system will display the application information. You will not be able to edit the application information.

5.5.1 Search Applications by Application ID

- 1 Select Application ID in the Field drop down list.
- 2 Select the appropriate matching operation in the Operation drop down list.
- 3 Enter the application id into the criteria text box.
- 4 Click on Search.
- 5 The Bad Debt system searches for and displays the specified application.

5.5.2 Search Applications by Name

- 1 Select First Name or Last Name in the Field drop down list.
- 2 Select how you want the Bad Debt system to match on the name in the Operation drop down list.
- 3 Enter the patient’s first name or last name into the criteria text box.

- 4 Click on Search.
- 5 The Bad Debt system locates the desired applications by matching on the first or last name and displays the records it finds.

5.5.3 Search Applications by SSN

- 1 Select SSN in the Field drop down list.
- 2 Select the desired matching operation in the Operation drop down list.
- 3 Enter the SSN with or without hyphens: 000000000 or 000-00-0000 into the criteria text box.
- 4 Click on the Search button.
- 5 The Bad Debt system locates the desired applications by looking for matching SSNs and displays the records it finds.

5.5.4 Display All Applications

To display all applications you entered into the system:

- 1 Click on Display All button.

5.5.5 Batch File CSV File Format

You must follow these rules when creating a CSV Batch File:

- 1 Create the CSV file using a text editor like notepad or you may generate the CSV by a software program.
- 2 The first record in the CSV must contain the column headers as shown in the table below.
- 3 The column header names must be separated by a comma.
- 4 The column header names must be spelled exactly as shown in the table below.
- 5 The column header names must use the case exactly as shown in the table below. For example, for “last name” the name must be “Last Name”.
- 6 The column headers must be listed in the order shown in the table below.
- 7 The 2nd and subsequent records must contain the patient records you want to submit to HSN as Bad Debt applications.
- 8 You must create separate CSV batch files for each provider for which you desire to submit Bad Debt applications.
- 9 The number of characters in each data item must be less than or equal to the maximum length of the field as listed in the Length column in the table below.
- 10 You must separate data items with a comma.
- 11 You must surround each data item with double quotes.
- 12 You can put as many records into the CSV file as you desire as long as they are for one provider.

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- 13 You may give the file any name you desire.
- 14 The file extension must be csv. Example: BadDebts.csv.

Column	Column Header	Length	Description
A	Last Name	20	The patient's last name.
B	First Name	15	The patient's first name.
C	Middle Initial	1	The patient's middle initial.
D	Street Address	30	The patient's street address.
E	City	30	The patient's city.
F	State	2	Two letter state abbreviation. Use Code from States table below.
G	Zip	5	5-digit zip code.
H	Birth Date	8	Format YYYY-MM-DD. Example: If the person was born on May 12, 1956 the birth date is formatted 1956-05-12. The birth date must be equal to or greater than January 1, 1912.
I	Gender	1	M or F.
J	SSN	9	You may leave out hyphen between the number groups or may use hyphens: Examples: 000000000 000-00-0000
K	Race	6	Use the Code from the Races table below. Example: When the patient is Caucasian put WHITE into this column.

5.5.5.2 Races

This is the table of races you can use for the Races column in the CSV Batch Upload File.

<i>Description</i>	<i>Code</i>
Race Unknown	UNKNOWN
Asian or Pacific Islander	ASIAN
Black-Not of Hispanic Origin	BLACK
Hispanic	HISPAN
American Indian or Alaskan American	INDIAN
Interracial	INTER
Caucasian	WHITE

5.5.5.3 States

<i>Full State Name</i>	<i>Code</i>
Alaska	AK
Alabama	AL
Arkansas	AR
Arizona	AR
California	CA
Colorado	CO
Connecticut	CT
District of Columbia	DC
Delaware	DE
Florida	FL

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Montana	MT
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North Dakota	ND
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Tennessee	TN
Texas	TX
Utah	UT
Virginia	VA
Virgin Islands	VI
Vermont	VT
Washington	WA
Wisconsin	WI
West Virginia	WV
Wyoming	WY